

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013208

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1912

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		d. STREET ADDRESS (If outside, give location) 7121 Summit	
3. NAME OF DECEASED (Type or print) First Mable Middle L. Last Carlson		4. DATE OF DEATH Month Apr. Day 16, Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 21, 1887
9. AGE (In years last birthday) 71		10. IF UNDER 1 YEAR Months 7 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Newton, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Peterson		13b. MOTHER'S MAIDEN NAME Emma L. Erickson	
14. NAME OF HUSBAND OR WIFE Clarence Carlson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Clarence Carlson	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ruptured dissecting Aneurysm of the descending Thoracic Aorta Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Marked Kyphoscoliosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterial Hypertension		INTERVAL BETWEEN ONSET AND DEATH 3 days many years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:20 Month Dec Day 3 Year 1949 a.m. P.M.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City, Mo	
20g. COUNTY Jackson		20h. STATE Mo	
21. I attended the deceased from Dec 3, 1949 to April 16, 1959 and last saw her alive on April 16, 1959 Death occurred at 7:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Carl R. Ferris M.D.	
22b. ADDRESS 5354 94th St. S.W. Kansas City, Mo		22c. DATE SIGNED April 17, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Apr. 20, 1959	
23c. NAME OF CEMETERY OR CREMATORY Indianola Cemetery		23d. LOCATION (City, town, or county) (State) Indianola, Iowa	
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-59	
26. REGISTRAR'S SIGNATURE Neola Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Carl R. Ferris

12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Joe B. Lyden

Licensed Embalmer No. *4173*

P. O. Address *H. C. m.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.